

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013741

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 1024

VS 300
Rev. 4/59

1400-3

20500

3

4 C

5 1

6

7 1

8 2

9 4201

10

11

12 92-0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED APR 16 1962

1. PLACE OF DEATH

a. COUNTY

ST LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KIRKWOOD

Length of stay in 1b

D.O.A.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

ST JOSEPH HOSPITAL

Inside Limits

Yes ☒ No ☐c. CITY
OR TOWN

FENTON

d. STREET
ADDRESS

Rt 2 - Box 293

Inside Limits

Yes ☐ No ☒

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RALPH

F.

ZORR

4. DATE
OF DEATH

Month

Day

Year

MARCH - 27 - 1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-25-1921

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

9

2

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

MACHINE OPERATOR

10b. KIND OF BUSINESS OR INDUSTRY

MIDLAND CONTAINER CORP.

11. BIRTHPLACE (City and state or country)

PHILADELPHIA

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

AUGUST ZORR

13b. MOTHER'S MAIDEN NAME

MARY BRUPHY

14. NAME OF HUSBAND OR WIFE

KATHERINE ZORR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

YES

W.W. NOTE

16. SOCIAL SECURITY NO.

17. INFORMANT

KATHERINE ZORR

Address

Rt 2 - Box 293
FENTON, MO18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Unknown natural causes
(probably coronary)INTERVAL BETWEEN
ONSET AND DEATH

Unk

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a) Complained of severe chest
pains during evening, just prior to deathPART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

10:47

to

and last saw her alive on

Death occurred at

P

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

4/4/62

23a. BURIAL, CREMATION
REMOVAL (Specify)

BURIAL

23b. DATE

MAR-31-1962

23c. NAME OF CEMETERY OR CREMATORY

ST TRINITY LUTHERAN

23d. LOCATION (City, town, or county)

LEMAU 25 MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

FEY FUNERAL HOME, MEHLVILLE MO 3-30-62

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Gustav W. Dietert

Licensed Embalmer No.

4329

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.